



# SALO New Student Registration Form

## Parent Information:

Father's Name: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

## Home Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## Student Information:

1. Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: F \ M

D.OB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can read Arabic?: Yes \ No  
YYYY/MM/DD

2. Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: F \ M

D.OB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can read Arabic?: Yes \ No  
YYYY/MM/DD

3. Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: F \ M

D.OB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can read Arabic?: Yes \ No  
YYYY/MM/DD

4. Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: F \ M

D.OB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can read Arabic?: Yes \ No  
YYYY/MM/DD

Days

Note

Halaqa Type

2-Day Halaqa \_\_\_\_\_

Halaqa Type: In-person

Email completed form to [info@salondon.ca](mailto:info@salondon.ca)



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